



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800003

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BOSTON HOSPITALITY SPVEF, LLC**

DOING BUSINESS AS **HOLIDAY INN BOSTON AT BROOKLINE**

ADDRESS **1200 BEACON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **ANDERSON,  
ROBERT JAMES**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**3 MAIN ENTRANCES AND 2 SERVICE ENTRANCES, HOTEL WITH TWO FLOORS, SIX STORY TOWER AND BASEMENT, 2 KITCHENS, DINING ROOM, LOUNGE, BAR OFFICE AND FUNCTION ROOM**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800004

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **D2 RESTAURANT LLC**

DOING BUSINESS AS **HOPS'N SCOTCH BAR & GRILL**

ADDRESS **1306 BEACON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **NG, YONG H.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2 FLOORS, DINING ROOM AND KITCHEN ON FIRST FLOOR; SECOND SECOND FLOOR-DINING ROOM AND OR FUNCTION ROOM, KITCHEN, HANDICAPPED RESTROOM; ONE FRONT ENTRANCE AND EMERGENCY EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800006

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALEVISTA INC.

DOING BUSINESS AS VERNISSAGE RESTAURANT

ADDRESS 1627 BEACON ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: VYSOCHINAS,  
ALEKSANDRAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 DINING RMS. SEATING CAPACITY OF 95 SEATS, 45 SEATS ON THE SECOND FLOOR AND 45 ON FIRST FLOOR, plus 5 bar stools OPEN DINING AREA ON SECOND FLOOR WITH ELEVATOR TO 1ST FLOOR WITH AND STAIRWAY TO FRONT ENTRANCE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800008

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOOLIN COTTAGE CORPORATION

DOING BUSINESS AS THE PUBLIC HOUSE

ADDRESS 1648 BEACON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: CICCOLO, DAVID TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS ON FIRST FLOOR CONNECTED BY 2 DOORWAYS DINING ROOM, BAR AND KITCHEN, CELLAR FOR STOCK ONLY, 2 FRONT ENTRANCES AND TWO REAR EXITS TO YARD

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800009

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **INDICA 2, LLC**

DOING BUSINESS AS **TAMARIND BAY-COASTAL INDIAN KITCHEN**

ADDRESS **1665 BEACON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **KAPOOR, VIKAS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**CONSISTS OF DINING ROOM, KITCHEN, STORAGE ROOM IN BASEMENT ENTRANCE AND EXIT ONTO BEACON ST.; EMERGENCY EXIT AT REAR OF BLDG.**

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800011

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SICHUAN FOOD SERVICE INC**

DOING BUSINESS AS **SICHUAN GOURMET**

ADDRESS **1004-8 BEACON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **QUING XU**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**BURKE, SUSAN**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**STREET FLOOR WITH DINING AREA, COCKTAIL BAR, LIQUOR SERVICE COUNTER, FOUR RESTROOMS, CELLAR FOR STORAGE; 2 FRONT ENTRANCES AND TWO REAR EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800012

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RITZ ASIA, INC**

DOING BUSINESS AS **BUDDA C**

ADDRESS **1223 BEACON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **YANG LI, SONG**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT INCLUDING COVERED ATRIUM AND KITCHEN ON MAIN FLOOR; FRONT ENTRANCE/EXIT. REAR EXIT. STORAGE IN BASEMENT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800013

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **FUJI RESTAURANT CORPORATION**

DOING BUSINESS AS **FUGAKYU JAPANESE CUISINE**

ADDRESS **1278-8 BEACON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **LEUNG, EDWARD** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**DINING ROOM AND KITCHEN ON STREET FLOOR; ROOM FOR STORAGE ONE HALF OF FLOOR UP FROM KITCHEN; ONE FRONT ENT FROM BEACON ST. 2 ENT FROM PELHAM HALL LOBBY; TWO REAR EXITS FROM KITCHEN AND EXIT. OFFICE ON SECOND FLOOR WITH EXIT TO PLEASANT ST**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800014

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIM & JUNG CORPORATION

DOING BUSINESS AS YASu

ADDRESS 1366 BEACON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: JUNG, DANIEL IN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, COCKTAIL LOUNGE, KITCHEN ON STREET FLOOR. CELLAR FOR STOCK, DRESSING ROOMS AND OFFICE; THERE ARE TWO FRONT DOOR ENTRANCES ON BEACON ST AND ONE REAR EXIT AT BACK OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800015

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLDEN TEMPLE INC.

DOING BUSINESS AS GOLDEN TEMPLE RESTAURANT

ADDRESS 1649- BEACON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: HORNFELDT, J.  
ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800018

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FIREPLACE, LLC

DOING BUSINESS AS THE FIREPLACE

ADDRESS 1634 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: SOLOMON, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, OPEN KITCHEN, COCKTAIL LOUNGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800023

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VERONIQUE CORPORATION

DOING BUSINESS AS VERONIQUE

ADDRESS 20 CHAPEL ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: APTEKER, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, BAR SEATING 8, KITCHEN, 2 FUNCTION ROOMS ON FIRST FLOOR. MAIN ENTRANCE AND ONE EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800025

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE COUNTRY CLUB

DOING BUSINESS AS

ADDRESS 191 CLYDE ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: CHAG, DAVID B. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS AND BASEMENT. FIRST FLOOR, DINING ROOM, BAR KITCHEN, BALLROOM, TWO SITTING ROOMS OFFICE. SECOND FLOOR; OFFICES, BALLROOM, 9 GUEST ROOMS, DINING ROOM. 3RD FLR; HELP'S QUARTERS, 7 BEDROOMS. BASEMENT; BOILER ROOM, STORE ROOMS, 11 ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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(Note: **NOT** Individual Social Security Number)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800026

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE COUNTRY CLUB

DOING BUSINESS AS

ADDRESS 191 CLYDE ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: CHAG, DAVID B. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TEMPORARY FOOD AND BEVERAGE TENT AND ADJACENT KITCHEN WILL BE ERECTED  
TO BE USED TO PROVIDE LIMITED FOOD AND BEVERAGE SERVICE FOR MEMBERSHIP  
DURING CONSTRUCTION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800028

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BROOKLINE ENTERTAINMENT INC**

DOING BUSINESS AS **THE VILLAGE SMOKEHOUSE**

ADDRESS **0006-9 HARVARD SQUARE**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **KAPLAN, ALAN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**3 ROOMS, INCLUDING DINING ROOM, BAR, FOOD AND BEVERAGE SERVICE  
COUNTER, KITCHEN ON FIRST FLOOR, BASEMENT OFFICE, BAR/LOUNGE AREA, STORAGE  
ROOM AND RESTROOMS, ONE FRONT ENTRANCE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800029

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GENKI, INC**

DOING BUSINESS AS **GENKI YA**

ADDRESS **398 HARVARD ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **ZHAO, HUA Z**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A FIRST FLOOR LOCATED AT 398 HARVARD STREET WITH SEPARATE KITCHEN AND DINING ROOM.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800032

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LY, DUONG & TO, INC.**

DOING BUSINESS AS **PHO LEMONGRASS**

ADDRESS **239 HARVARD ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **TO, DAISY LINH**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR; DINING AREA, KITCHEN, LOUNGE AREA AND BAR, STORAGE AREA, RESTROOMS, ONE FRONT ENTRANCE/EXIT; THREE REAR EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800033

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KHAO SARN, INC.**

DOING BUSINESS AS **KHAO SARN CUISINE**

ADDRESS **250 HARVARD ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02146**

MANAGER: **HAKAMOTO,  
KIRIYOSHI**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR WITH DINING ROOM AND KITCHEN, CELLAR FOR STORAGE; ONE FRONT  
ENTRANCE/EXIT AND 2 REAR EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800040

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HARVARD LOUNGE & REST. INC.**

DOING BUSINESS AS **CORRIB PUB OF BROOKLINE**

ADDRESS **201-03 HARVARD STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **BLIGH, ANTHONY** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2 ROOMS CONNECTED BY AN ARCHWAY, DINING ROOM, BAR AND KITCHEN ON STREET FLOOR, CELLAR FOR STORAGE. TWO FRONT ENTRANCES, REAR EXIT TO ALLEY**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800042

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Lin Holdings, Inc**

DOING BUSINESS AS **CHEF CHOW RESTAURANT**

ADDRESS **230 HARVARD STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **Lin, Chang Hai**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**1500 SQ FT OF FLOOR SPACE, GROUND FLOOR HAS 2 ROOMS, DINING ROOM AND KITCHEN. CELLAR USED FOR STORAGE. ONE FRONT ENTRANCE AND EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800043

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NUMBER 2,INC.

DOING BUSINESS A COOLIDGE CORNER CLUBHOUSE

ADDRESS 00307A HAVARD ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: POMPER,  
ANDREW M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, COCKTAIL LOUNGE AND KITCHEN LOCATED ON STREET FLOOR WITH  
BASEMENT USED FOR STORAGE; ONE FRONT ENTRANCE AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800044

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROOKLINE LODGE #886 B.P.O. OF ELKS

DOING BUSINESS A

ADDRESS 40 KENT ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: ROGERS, EDWIN TYPE OF LICENSE: Club  
F. JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS AND BASEMENT. FIRST FLOOR, SEVEN ROOMS. 2ND FLR; FIVE ROOMS. 3RD  
FLR; FOUR ROOMS. CELLAR. ONE FRONT ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800046

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN GROUP, LTD

DOING BUSINESS AS MANDARIN GOURMET

ADDRESS 1020 W.ROXBURY PKWY.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: WU, SHANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FIRST FLOOR DINING ROOM, KITCHEN, AND REST ROOMS, BASEMENT-  
BANQUET ROOM, STORAGE ROOM AND PREP AREA. ONE ENTRANCE AND 5 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800050

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SICHUAN GARDEN, INC

DOING BUSINESS AS

ADDRESS 295 WASHINGTON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: DEN,PING JIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF ONE STORY BUILDING WITH BASEMENT; KITCHEN & STORAGE AREA;  
STREET LEVEL TWO DINING ROOMS, SERVICE BAR, TWO BATHROOMS ONE FRONT  
ENTRANCE AND TWO REAR EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800051

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **COUSIN'S RESTAURANT CORPORATION**

DOING BUSINESS AS **FAMILY RESTAURANT**

ADDRESS **305 WASHINGTON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **ERDEM, DURSUN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR OF ONE ROOM PLUS CELLAR; FIRST FLOOR CONSIST OF SERVICE COUNTER  
AND DELI (REAR KITCHEN); CELLAR IS USED FOR STORAGE ONLY**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800053

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JJU ENTERPRISES, INC**

DOING BUSINESS AS **ZEN 320**

ADDRESS **320 WASHINGTON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **YU, JUNG JA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**STREET FLOOR, WINE BAR AND WAITING AREA, DINING AREA, KITCHEN AND STORAGE  
AREAS, WITH FRONT ENTRANCE, REAR ENTRANCE ON BACK WALL ON TO FIRE ESCAPE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800056

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ISORA, L.L.C.**

DOING BUSINESS AS **WASHINGTON SQUARE TAVERN**

ADDRESS **714 WASHINGTON ST.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **FINNEGAN,  
ALMA F.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**DINING ROOM, BAR AND KITCHEN ON FIRST FLOOR, CELLAR FOR STORAGE ONLY, ONE  
FRONT ENTRANCE AND REAR EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800059

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GIMBELS LIQUOR-BROOKLINE INC**

DOING BUSINESS AS

ADDRESS **1637-9 BEACON ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **KAN, LEONID**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**1200 FEET OF SELLING SPACE AND STORAGE ON STREET FLOOR. CELLAR FOR STORAGE; ALSO CELLAR ON 1633-35 BEACON ST FOR STORAGE FRONT ENTRANCE AND EXIT. ALSO EXIT TO ALLYWAY**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800060

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D & D Liquors, Inc

DOING BUSINESS AS

ADDRESS 1300 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON STREET FLOOR AND CELLAR FOR STOCK. ONE FRONT ENTRANCE AND ONE REAR DOOR FOR DELIVERY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800061

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROOKLINE LIQUORS, INC

DOING BUSINESS AS MALL DISCOUNT LIQUORS

ADDRESS 525 HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTS OF FRONT STORE TO BE USED FOR THE SALE OF ALCOHOLIC BEVERAGES, REAR STORAGE AND ONE FRONT ENTRANCE/EXIT FROM LOBBY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800065

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KHOURY & SONS LIQUORS INC

DOING BUSINESS AS FOLEYS LIQUOR MART

ADDRESS 228 CYPRESS STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: KHOURY, MARIA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE IN FRONT, ROOM IN REAR ON FIRST FLOOR; BASEMENT FOR STORAGE, ONE FRONT  
AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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239 Causeway Street  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800066

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BROOKLINE MARKET, INC.**

DOING BUSINESS AS **KURKMAN'S MARKET**

ADDRESS **00227A CYPRESS ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **PATEL, HARSHAD** TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ONE FLOOR, ONE ROOM ON FIRST FLOOR, CELLAR FOR STORAGE, ONE FRONT ENTRANCE  
AND ONE REAR EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800068

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GELERMAN BROTHERS INC

DOING BUSINESS AS THE BUTCHERIE

ADDRESS 428 HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: GELERMAN,  
WALTER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS; THREE ROOMS ON FIRST FLOOR( SALES,CASHIER, AND SERVICE AREA) COLD  
STORAGE ROOMS;ONE FRONT ENTRANCE AND REAR EXIT TO ALLEY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800072

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BATTITE FAMILY, INC

DOING BUSINESS A BROOKLINE SPA

ADDRESS 75 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: BATTITE,  
CLIFFORD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS ON STREET FLOOR, ONE ROOM USED FOR STOCK, BASEMENT FOR STORAGE OF WINES AND MALT, ONE FRONT ENTRANCE, SIDE ENTRANCE FOR DELIVERY. NO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800075

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GORA INC.

DOING BUSINESS AS THE WINE PRESS

ADDRESS 1022-4 BEACON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: MEHTA, AARON K.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TRIPLE STORE ON FIRST FLOOR, CELLAR USED FOR STOCK, TWO FRONT ENTRANCES  
AND TWO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800079

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAY STATE FOOD SHOPS, INC.

DOING BUSINESS AS

ADDRESS 1420 BEACON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: LONGI, ENRICO

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE IN FRONT ON STREET FLOOR, CELLAR FOR STOCK, ONE FRONT ENTRANCE, ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800081

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Sunset Cantina Management, Inc**

DOING BUSINESS AS **Sunset Cantina**

ADDRESS **916 COMMONWEALTH AVE.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02146**

MANAGER: **Kadish, Gerald M.**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**GROUND FLOOR 300 SQ. FT. BASEMENT FOR STORAGE, GROUND FLOOR TO INCLUDE DINING AREA, KITCHEN AND STORAGE. FRONT AND REAR EXITS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800088

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANNA LIVIA CORPORATION

DOING BUSINESS AS O'LEARY'S

ADDRESS 1010 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: O'LEARY,  
AENGUS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM AND KITCHEN ON STREET FLOOR; ONE FRONT ENTRANCE AND EXIT FROM BEACON ST. ONE REAR EXIT FROM KITCHEN; FULL BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800092

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **JJAZ RESTAURANT, INC.**

DOING BUSINESS AS **LA MORRA**

ADDRESS **48 BOYLSTON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **ZISKIN, JOSHUA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**CONSISTS OF 2 KITCHENS AND 2 DINING ROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800094

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Gari Cuisine, Inc

DOING BUSINESS AS Gari

ADDRESS 187 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: Chung, Diane

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF DINING ROOM, KITCHEN AND RESTROOMS ON STREET LEVEL; BASEMENT  
FOR STORAGE; FRONT AND REAR ENTRANCE/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800100

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CALAMARI FISHERIES, INC

DOING BUSINESS AS THE DAILY CATCH

ADDRESS 00441A HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: FREDDURA,  
MARIA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR STOREFRONT CONSISTING OF ONE ROOM WITH DESIGNATED AREAS FOR SEATING, COOKING PREPARATION AND DISHWASHING. ENTRANCE AND EXIT, DELIVERIES IN REAR OF BLDG. BASEMENT FOR ACCESS TO UTILITIES ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800101

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MATT MURPHY'S PUB, INC**

DOING BUSINESS AS **MATT MURPHY'S PUB**

ADDRESS **14 HARVARD STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **MURPHY, CIARA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**PREMISES CONSISTS OF DINING ROOM, KITCHEN, RESTROOMS BASEMENT FOR STORAGE, ENTRANCE/EXIT, TO HARVARD STREET AND EXIT IN REAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800102

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GINZA, INC.**

DOING BUSINESS AS **GINZA JAPANESE REST**

ADDRESS **1002 BEACON ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **GUREL, NADIDE**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR DINING ROOM, KITCHEN AND FOOD MARKET; BASEMENT FOR STORAGE,  
FRONT ENTRANCE AND EXIT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800103

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FCLP CORPORATION

DOING BUSINESS AS TJ CONVENIENCE STORE

ADDRESS 00182A THORNDIKE STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: PEREZ, LUIS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PROMISES CONSISTS OF FIRST FLOOR GROUND LEVEL ONE ROOM CONVENIENCE STORE  
WITH BASEMENT FOR STORAGE. ONE FRONT AND REAR ENTRANCE/EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800105

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Thargay, Inc**

DOING BUSINESS AS **Tashi Delek**

ADDRESS **236 WASHINGTON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **Thargay, Lobsang**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**GROUND FLOOR DINING ROOM, KITCHEN AND RESTROOM. ONE FRONT ENTRANCE AND EXIT AND ONE REAR EMERGENCY EXIT; BASEMENT FOR STORAGE AND TWO RESTROOMS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800108

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GINA MEDAGLIA

DOING BUSINESS AS THE ABBEY

ADDRESS 1657 BEACON ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: MEDAGLIA, GINA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR, WITH A BASEMENT, FRONT AND REAR ENTRANCES, APPROX 900 SQ FT EACH FOR THE RESTAURANT AND BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800110

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TABERNA DE HARO, INC.

DOING BUSINESS AS TABERNA DE HARO

ADDRESS 999 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: HANSEN DE  
HARO, DEBORAH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 floors of approx 1000 sq ft per floor. Basement used for storage and prep area. Street level for service of food and beverages to the public. 13 tables and one bar with six stools

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800111

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARONI LLC

DOING BUSINESS AS

ADDRESS 020-22 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: BRANGER,  
ANDRES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DOWNSIZING OF RESTAURANT TO CONSIST OF PROPERTY AT 20-22 HARVARD STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800113

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YOUNG JIN CORPORATION

DOING BUSINESS AS MR SUSHI

ADDRESS 329 HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: SUNG, DAVID E.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3300 SQ FT OF THE FIRST FLOOR SPACE CONTAINING DINING AREA, KITCHEN, SUSHI  
BAR, PREP AREA, TWO RESTROOMS. FRONT AND REAR EXIT, PLUS BASEMENT SPACE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800114

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CAFE JAPONAISE, INC.**

DOING BUSINESS AS **KAPOW**

ADDRESS **1032 COMMONWEALTH AVE.**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02215**

MANAGER: **SAKAN, HIROKO** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FRONT ENTRANCE AT STREET-LEVEL SEATING AND BAR AREA. STAIRS W/CHAIR LIFT LEAD TO UPPER SEATING AREA AND CUSTOMER RESTROOMS. REAR OF BUILDING HAS FULL SERVICE KITCHEN AND BAKERY. SECOND EXIT IN REAR OF BUILDING.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800115

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAAM CHINA RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 00423A HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: CHUNG, ANDY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 1125 SQ FT AND STORAGE SPACE IN BASEMENT INCLUDING A FRONT AND REAR EXIT ON FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800116

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRADER JOE'S EAST, INC.

DOING BUSINESS AS TRADER JOE'S

ADDRESS 1309 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: CARROLL, BLAIR TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SPECIALTY RETAIL FOOD STORE CONSISTS OF 11934 SQFT OF WHICH 675 SQFT ON GROUND LEVEL IS ALLOCATED FOR THE SALE OF ALL ALCOHOLIC BEVERAGES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800119

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **RUBIN'S KOSHER RESTAURANT AND DELICATESSEN, INC**

DOING BUSINESS AS

ADDRESS **500 HARVARD ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **GELLERMAN,  
ALLEN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT AND DELI SEATING 70 PEOPLE, ONE DELI COUNTER, COMBINATION OF  
TABLES AND BOOTHS, 2 EXITS. KITCHEN LOCATED IN BACK, LOWER BASEMENT USED  
FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800120

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ZAFTIG, INC**

DOING BUSINESS AS **ZAFTIG EATERY**

ADDRESS **335 HARVARD STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **SHUMAN,  
ROBERT SCOTT**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**PREMISES CONSIST OF 2700 SQFT OF FIRST FLOOR SPACE CONTAINING DINING AREA,  
KITCHEN, THREE BATHS, ONE FRONT EXIT, TWO REAR EXITS AND ONE SIDE EXIT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
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*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800121

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE METROPOLITAN CLUB, INC.

DOING BUSINESS AS

ADDRESS 1204 1210 BOYLSTON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: TRUSTMAN,  
KATHY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800122

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHORT MONEY, INC.

DOING BUSINESS AS GROVE STREET MARKET

ADDRESS 189 GROVE ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: CHRISTENSEN, CH TYPE OF LICENSE: Package Store  
RISTOPHER

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 SQ FT FOR RETAIL FOOD AND BEER AND WINE STORE FRONT ENTRANCE AND EXIT  
ON GROVE ST WITH ANOTHER EXIT AT BACK OF STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800123

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UDA CORPORATION INC

DOING BUSINESS AS SHIKI

ADDRESS 9 BABCOCK ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: UDA, MISAKO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE WITH SERVICE COUNTER AND DINING ROOM WITH SEATING  
CAPACITY OF 30. KITCHEN AND RESTROOMS IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800125

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTHEAST PACKAGE STORE LLC

DOING BUSINESS AS GPS WINE & SPIRITS

ADDRESS 1198 BOYLSTON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: YOUNG,  
NICHOLAS

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800132

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EIGHT SISTERS, LLC

DOING BUSINESS AS LINEAGE RESTAURANT

ADDRESS 242 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: SEWALL, JEREMY TYPE OF LICENSE: Restaurant  
R.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF 65 SEATS WITH A BAR AREA. THERE IS AN ENTRANCE ON HARVARD STREET AND WEBSTER STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800134

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHESTNUT HILL GROUP, LLC

DOING BUSINESS AS WINE GALLERY

ADDRESS 400 WASHINGTON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: OSTROVSKY,  
ALEX

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BUILDING WITH 2 ENTRANCES & EXITS, 1 AT THE FRONT OF THE PREMISES AND ONE AT THE REAR OF THE PREMISES. TOTAL FLOOR SPACE IS APPROX 5000SQFT STORAGE IN REAR ON FIRST FLOOR AND IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800135

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: I.V.A. FOODS, INC.

DOING BUSINESS AS BAZAAR INTERNATIONAL GOURMET

ADDRESS 1432 BEACON ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: ZELFOND,  
ALEXANDER

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE PREMISES WITH FULL BASEMENT. PUBLIC ENTRANCE ON BEACON ST. PRIVATE  
ENTRANCE ON REAR ALLEY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800138

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ODESSA RESTAURANT HOLDING INC

DOING BUSINESS AS STOLI RESTAURANT & BAR

ADDRESS 213 WASHINGTON ST.

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02146

MANAGER: DINO, FARIT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800139

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OISHII SUSHI BAR, INC.

DOING BUSINESS AS OISHII SUSHI BAR

ADDRESS 612 HAMMOND STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: YEN TING WEN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800140

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLDEN APPLE, INC.

DOING BUSINESS AS

ADDRESS 24 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: ALLORE, SAMUEL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM 1250 SQ.FT. WITH CENTER FRONT ENTRANCE AND REAR RIGHT EXIT WITH 1250 SQ.FT. BASEMENT FOR STORAGE. SEATING CAPACITY OF 18.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800141

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BOMBAY BISTRO, INC.**

DOING BUSINESS AS **RANI**

ADDRESS **1353 BEACON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **MAJMUDAR,  
SAMIR S'**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**VESTIBULE, WAITING AREA, SERVICE BAR, DINING AREAS, KITCHEN, 3 RESTROOMS W/  
PARTIAL BASEMENT CONSISTING OF STORAGE AREA AND OFFICE. ENTRANCE AT  
FRONT; SERVICE & DELIVERY ENTRANCE AND ONE EMERGENCY EGRESS AT REAR ON  
WEBSTER ST.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800142

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLEMAN, INC.

DOING BUSINESS AS THE UPPER CRUST

ADDRESS 286 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: HENNESSEE,  
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXISTING RESTAURANT W/ 35 SEATS AND 2 MEANS OF EGRESS DIRECTLY ONTO  
SIDEWALK ON HARVARD ST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800143

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KAYUGA INC.**

DOING BUSINESS AS **KAYUGA JAPANESE RESTAURANT**

ADDRESS **1030 COMMONWEALTH AVENUE**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02215**

MANAGER: **WANG, CHUAN CI** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR RETAIL SPACE W/ DINING ROOM, KITCHEN AND OFFICE IN REAR W/ 2  
EGRESSES.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800145

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW BROOKLINE VILLAGE INC.

DOING BUSINESS AS

ADDRESS 294 WASHINGTON ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02446

MANAGER: PATEL, NARENDRA K. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
AKUMAR  
MANEKLAL

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF APPROX 1760 SQ FT WITH FRONT AND REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800146

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **DBGF LLC**

DOING BUSINESS AS **BEACON STREET TAVERN**

ADDRESS **1032 BEACON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **WALSH, PAUL**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR RESTAURANT W/ 102 SEATS INSIDE AND 40 SEATS ON PATIO, WITH 2 ENTRANCE/EXITS IN FRONT AND ONE IN BACK.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800147

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HERSHA HOSPITALITY MANAGEMENT, L.P.**

DOING BUSINESS AS **BROOKLINE COURTYARD BY MARRIOTT**

ADDRESS **40 WEBSTER ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02446**

MANAGER: **O'BRIEN,  
CATHERINE M.**

TYPE OF LICENSE: **Innholder**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800149

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **Zenna Management, LLC**

DOING BUSINESS AS **zenna noodle bar**

ADDRESS **1374 Beacon St**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **Truong, Tien**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2000 sq ft. dining room with 40 seats. Kitchen and one entrance, one exit in rear**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800152

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PREVOZ INC

DOING BUSINESS AS RUSSIAN VILLAGE

ADDRESS 1659A BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: STEPHEN KOGAN TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ. FT. WITH FRONT ENTRANCE CENTRALLY LOCATED ON THE FRONT WALL,  
WITH TWO DOORS, REAR ENTRANCE IS LOCATED ON THE RIGHT SIDE OF THE REAR  
WALL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800153

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WINESTONE INC.

DOING BUSINESS AS

ADDRESS 1160 BOYLSTON STREEET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: DUBSKY,  
PATRICK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1000SQ. FT. LOCATED ON THE FIRST FLOOR WITH ONE MAIN ENTRANCE AND ONE BACK  
DOOR FIRE EXIT. BASEMENT AREA OF 500 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800155

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BARCELONA BROOKLINE, LLC

DOING BUSINESS AS

ADDRESS 1700 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: LAWTON, SCOTT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTING OF 4500 SQ. FT. OF RESTAURANT SPACE WITH SEATING OF 184  
AND OUTDOOR PATIO...SUMMER MONTHS 36 SEATS...ONE ENTRANCE ON BEACON  
STREET AND BACK ENTRANCE TO ALLEY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800156

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SINGH FOOD II, INC.

DOING BUSINESS AS GOURMET CURRY

ADDRESS 1335

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: SINGH, DALVIR

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF A FIRST FLOOR DINING HALL SEATING OF AND KITCHEN WITH  
BASEMENT STORAGE FRONT AND REAR EGRESS ON THE FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800158

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JERUSALEM PITA, LLC

DOING BUSINESS AS

ADDRESS 10 PLEASANT ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: RODA, RADA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR CONSISTING OF 840 SF, SEATING FOR 13. FRONT AND REAR EGRESSSES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800162

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BETA TWO,LLC

DOING BUSINESS AS

ADDRESS 308 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: DEYESSO,KRISTIATYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1660 AQ. FT.,A DINING ROOM WITH SEATING CAPACITY OF 52.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800163

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DORADO TACOS 1 LLC

DOING BUSINESS AS DORADO TACOS & CEMITAS

ADDRESS 401 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: ORGAN, JOHN D.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 1,000 SQ. FT. OF SPACE DIVIDED BETWEEN KITCHEN AND DINING AREA.  
RESTAURANT IS COUNTER SERVICE WITH TWO ENTRIES/EXITS ONE ON TO HARVARD  
ST. THE OTHER TO A BACK ALLEY OFF THE KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800164

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ANASTASI BROOKLINE INC.**

DOING BUSINESS AS **BROOKLINE FINE WINE & GOURMET**

ADDRESS **27 HARVARD STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **GIANNOPOULOS, ANASTASIOS**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**GROUND LEVEL FOR RETAIL PACKAGE STORE WITH STORAGE IN BASEMENT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800165

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROOKLINE BUTCHER INC

DOING BUSINESS AS BROOKLINE BUTCHER

ADDRESS 414 HARVARD ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: NAGAR, MORRIS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 58X17 SF FIRST FLOOR. EXITS IN FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800166

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C F RESTAURANT INC

DOING BUSINESS AS U SUSHI

ADDRESS 1393 BEACON ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: SUN, JUNAN  
FANG SUN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR APPROX. 1600 SQ FT WITH ONE DINING ROOM, ONE KITCHEN, STORAGE IN BASEMENT, ONE ENTRANCE AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014800167

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINODIVINO2 LLC

DOING BUSINESS AS VINODIVINO

ADDRESS 1669 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: GO, RAPHAEL  
KELLER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800 SQ FT, 900 SQ FT ON THE FIRST FLOOR AND 900 SQ FT IN BASEMENT...ENTRANCE  
LOCATED ON BEACON ST...EXITS ARE ALSO ON THE FIRST FLOOR LEVEL AND  
BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801168

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SHIKAMA ENTERPRISES INC.**

DOING BUSINESS AS **UMAMI RESTAURANT & BAR**

ADDRESS **1704 BEACON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **HOUATCHANTHA** TYPE OF LICENSE: **Restaurant**  
**RA,PHITSAMAY**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE LEVEL COMMERCIAL BLDG. WITH BASEMENT APPROX 1,500 SQ. FT. .ONE EXIT  
IN FRONT AND ONE IN REAR. SEATING CAPACITY OF 47 WITH 32 OUTSIDE SEATS (PATIO)**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
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239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801169

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **THE COOLIDGE CORNER THEATRE FOUNDATION, INC.**

DOING BUSINESS AS

ADDRESS **290 HARVARD ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **THOMPSON, ANDR** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**A LOBBY AND CONCESSION STAND AREA ON GROUND FLOOR. THREE MAIN ENTRANCE DOORS AND THREE MORE DOUBLED DOOR FIRE EXITS AROUND THE PERIMETER. TWO HANDICAP BATHROOMS ACCESSIBLE FROM LOBBY, TWO STAIR CASES TO SECOND FLOOR AND BASEMENT.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801170

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 1285 BROOKLINE VENTURES LLC

DOING BUSINESS AS THE MEAT HOUSE

ADDRESS 1285 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: HOGAN,  
CHRISTOPHER D.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF APPROX. 4,200 SQ. FT. ON THE FIRST FLOOR, WITH ONE ENTRANCE AND EXIT AS WELL AS AN ADDITION EXIT. FIRST FLOOR CONSISTS OF MEAT PREPARATION AREA, WORKROOM, STORAGE, AND BATHROOM FACILITIES, PREP/SERVICE AREA AND RETAIL AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801171

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **CHIPOTLE MEXICAN GRILL OF COLORADO LLC**

DOING BUSINESS AS **CHIPOTLE MEXICAN GRILL**

ADDRESS **876 COMMONWEALTH AVENUE**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **FOREMAN, JASON** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**PREMISES CONSISTING OF A CASUAL DINING MEXICAN RESTAURANT SERVING BOTTLED BEER AND MARGARITAS IN THE DINING AREA...THERE IS ONE MAIN ENTRANCE/EXIT TO THE PREMISES THAT A DOUBLE DOOR ENTRANCE WHICH FACES COMMONWEALTH AVENUE...WHICH SERVES AS ACCESS TO THE PARTIALLY ENCLOSED PATIO...THERE IS ONE EMERGENCY EXIT THAT IS A SINGLE DOOR LOCATED AT THE BACK OF THE RESTAURANT WHICH LEADS TO A PRIVATE OUTSIDE CORRIDOR FOR DELIVERIES TO THE RESTAURANT OFF OF DUMMER STREET**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801172

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 1653 BEACON STREET LTD.

DOING BUSINESS A JIMMY'S

ADDRESS 1653 BEACON STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: HAMELBURG,  
JAMES B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2200 SQ FT WITH AN ENTRANCE...AND ANOTHER EGRESS THAT EXITS AT BACK OF BUILDING...THE BUILDING IS ONE FLOOR OF SELLING SPACE, A BAR CONSISTING OF 400 SQ FT...KITCHEN, OF 600 SQ FT...AND A DINING AREA OF 1200 SQ FT WITH SEATING CAPACITY OF 92

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801173

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COGNAC INC.

DOING BUSINESS AS COGNAC BISTRO

ADDRESS 455 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: DUNFORD,  
VASILIKI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL FREE STANDING RESTAURANT WITH PARKING. RESTAURANT HAS FRONT, BACK AND SIDE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801174

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KOTO JAPANESE INC.

DOING BUSINESS AS OSAKA JAPANESE SUSHI & STEAK HOUSE

ADDRESS 14 GREEN ST

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: LIN, JIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

CONSISTS OF A ONE STORY FLAT ROOFED BLDG. ON THE MAIN FLOOR AND AT BASEMENT LEVEL. HANDICAP ACCESSIBILITY TO BOTH FLOORS. MAIN FLOOR HAS EMERGENCY EXITS IN BACK. BASEMENT HAS EMERGENCY EXIT THAT LEADS TO STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801175

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PUTTERHAM GRILL, LLC

DOING BUSINESS AS

ADDRESS 1012 WEST ROXBURY PARKWAY

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02467

MANAGER: GIANNARIS,  
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF A FULL SERVICE RESTAURANT A SHOP

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801177

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **KHAYAM, INC**

DOING BUSINESS AS **KHAYAM**

ADDRESS **404 HARVARD ST**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **MCMULLEN,  
LAUREN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**2320 SF RESTAURANT ON FIRST FLOOR. TWO DINING ROOMS IN FRONT WITH KITCHEN  
AND STORAGE IN REAR. MAIN ENT/EXIT WITH 2 ADDITIONAL SIDE EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801178

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GOURMET REPUBLIC INC.**

DOING BUSINESS AS **OLEA CAFÉ**

ADDRESS **195 WASHINGTON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **TAYEH, DAOUD**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**THE FIRST FLOOR IS A FIVE-WALLED DINING AREA 3 WALLS OF WHICH WINDOW/DOORS (I.E. FRONT OF HOUSE), AND THE OTHER TWO WALLS RUN ALONG THE KITCHEN AND ESPRESSO BAR AREAS. THERE ARE TWO ENTRANCES/ EXITS LOCATED ON FIRST FLOOR, ONE ON STATION ST AND THE ONE ON WASHINGTON STREET. THE BASEMENT HAS 4 ROOMS; A PREPERATION ROOM, WALKIN REFRIGERATOR, AN OFFICE, ROOM FOR RECYCLING AND TRASH. THERE IS A THIRD EXIT IN THE RECYCLING/TRASH ROOM,**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801179

CITY OR TOWN BROOKLINE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MASHED, LLC

DOING BUSINESS AS OTTO BROOKLINE

ADDRESS 289 HARVARD STREET

CITY/TOWN: BROOKLINE

STATE: MA

ZIP CODE: 02445

MANAGER: ALLEN, ANTHONY TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ.FT , CORNER LOCATION, 12 SEATS AT BAR, 48 SEATS DINING, 1ST FLOOR,  
STREET ENTRANCE, EXIT REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 014801180

CITY OR TOWN **BROOKLINE**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **K.R. LLC**

DOING BUSINESS AS **ALERE**

ADDRESS **202 WASHINGTON STREET**

CITY/TOWN: **BROOKLINE**

STATE: **MA**

ZIP CODE: **02445**

MANAGER: **RIORDAN, KEVIN** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**THREE STORY BUILDING, WITH BASEMENT STORAGE. RESTAURANT ON LEVELS 1 AND 2 WITH OFFICE SPACE ON 3RD FLOOR. THREE ENTRANCES AND EXITS TOTAL (2 FRONT, 1 REAR)**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: